FORM D ' MAR 2 6 2009

# THOMSON REUTERS ECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPRO	VAL

OMB Number: 3235-0076

Expires: March 31, 2009 Estimated Average burden hours per form . . . . . 4.00

SEC USE ONLY								
Prefix	Seria)							
DATE RI	ECEIVED							

Name of Offering: DEKEL PARTNERS, I	<b>P.</b> - Offering of L	imited Partnershi	p Interests		
Filing Under (Check box(es) that apply):	☐ Rule 504	Rule 505	☑ Rule 506	☐ Section 4(6)	ULOE
Type of Filing:	New Filing	☐ Amendment			
	A, B	ASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the	ssuer	-			
Name of Issuer ( check if this is an a	mendment and name ha	s changed, and indica	te change.)		
DEKEL PARTNERS, L.P.					
Address of Executive Offices	(Number	and Street, City, State	, Zip Code)	Telephone Number (Inc	luding Area Code)
c/o Fine Capital Partners, L.P., 590 Madison	Avenue, 5th Floor, New	York, New York 100	22	(212) 492-8225	
Address of Principal Business Operations	(Number	and Street, City, State	, Zip Code)	Telephone Number (Inc	luding Area Code)
(if different from Executive Offices)					SEC to a recession
Brief Description of Business: To operate	as a private investn	nent limited partn	ership.		Section
Type of Business Organization					1416
☐ corporation	☑ limited partner	ship, already formed	□ ∘	ther (please specify):	MAR 0 9 7009
business trust	☐ limited partners	ship, to be formed			Washington, DC
		Month	Year		111
Actual or Estimated Date of Incorporation or	Organization:	1 2		5 🗷 Actual	☐ Estimated
Jurisdiction of Incorporation: (Enter two-lette	r U.S. Postał Service Al	obreviation for State:			
CN for Cana	da; FN for other foreign	jurisdiction)		D	Е

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a copy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

2. Enter the information	n requested for the fol	longings				
	-	as been organized within the pa	C			
					_	
• Each seasonaire acc	er naving the power to	vote or dispose, or direct the v	ote or disposition of, 10% or	more of a class of eq	puity so	curities of the issuer,
	er and director of corp maging partner of part	porate issuers and of corporate g	eneral and managing partner	s of partnership issue	ers; and	
Check Box(es) that Apply:	Promoter	Beneficial Owner	D Executive Officer	☐ Director	X	General and/or Managing Partner
Full Name (Last name first, if it	rdividual)		<del></del>			withing ing I article
FINE CAPITAL MANAGEM	ENT, L.L.C. (the "C	General Partner" or "GP")				
Business or Residence Address						
590 Madison Avenue, 5th Floor,	New York New York	k 10022				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director		General and/or
					_	Managing Partner
Full Name (Last name first, if it	odiviđual)					······································
FINE, DEBRA						
Business or Residence Address	(Number and Street.	City, State, Zin Code)				
		• • •				
590 Madison Avenue, 5th Floor,						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director		General and/or
Full Name (Last name first, if in	ndividual)	<del></del>	<del></del>	<del></del>		Managing Partner
· · · · · · · · · · · · · · · · · ·	,					
Business or Residence Address	(Number and Street	City State 7in Code)		<u> </u>		
Dustices of Residence Address	(Number and Sueer,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)	<del></del>				Managing Fattes
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			<del></del>	<del></del>		
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if ir	ndividual)					
;						
Business or Residence Address	(Number and Street,	City, State, Zip Code)	<del></del>			
l L	•	•				•
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or
Cutck Box(cs) dist Apply.	- Homota	Determine when				Managing Partner
Full Name (Last name first, if it	ndividual)					
l						
Business or Residence Address	Oliverhan and Street	City State 7in Code)				
Business of Residence Address	(Number and Sueer,	City, State, 21p Code)				
				Director		General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	-	Managing Partner
Full Name (Last name first, if is	rdividual)		<del></del>			
- ner fames with years years by						
	Observation and Secret	City Casta Tie Cada				
Business or Residence Address	(Number and Street,	City, State, Zip Cotte)				
	(Use blan	ik sheet, or copy and use addition	onai copies of this sheet, as ne	Cossary.)		

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					В. 1	NFORM.	ATION A	BOUT O	FFERING	3				
1.	Has the issue	rsold orde	nes the icon	er intend to	sell to not		محمدات	in Abin 200-	<b>0</b>				Yes	No
••	Has the issue	. 301 <b>0</b> , 01 <b>0</b>	200 ale 1230	ca micani io							**************	•	<b>X</b>	-
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									'\$1.000	0.000 •				
	'				-	•							Yes	No
*(A	Iny lesser an	nount is d	at the sole	e discretio	on of the	General	Partner.)	)						
3.	Does the offe	ring permit	joint owne	rship of a si	ingle unit?	••••••			************	•••••••			X	
4,	Enter the inf solicitation or registered wit a broker or de	f purchaser h the SEC	s in connect and/or with	ction with a a state or s	sales of sec states, list t	curities in the name of	he offering the broker	. If a person or dealer.	on to be lis	ted is an a	ssociated p	erson or as	ent of a brol	cer or dealer
Full	Name (Last na	me first, if	individual)											
Bus	iness or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)	· · · · · · · · · · · · · · · · · · ·							
Nan	ne of Associate	d Broker or	Dealer		- <del>-</del>			-		<del></del>				
Stat	es in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	3				<del></del>	<u></u> ,		
	(Check "All S	states" or cl	heck individ	dual States)	**********					**********			🗖 All 9	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HII)	[ <b>I</b> D]	
	(IL) [MT]	[IN] [NE]	(IA) [NV]	(KS) [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[עד]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)							<u>-</u> .			_	
Bus	iness or Reside	nce Addres	s (Numbe	r and Street	t, City, Stat	e, Zip Code	e)				<del></del>		·· <del>.</del>	<del></del>
Nan	ne of Associate	1 Broker or	Dealer		<u> </u>	<u> </u>	<del>_</del> .	-				<u></u>	<del></del>	
State	es in Which Pe	son Listed	Has Solicit	ed or Intere	ls to Solici	t Purchaser	8							
	(Check "All S	tates" or cl	neck individ	fual States)	***********				***********			**********	🗖 All S	itates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	(IL) [MT]	¹[NE] ¹[NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	(MI) (OH)	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]	
Full	Name (Last na	me first, if	individual)											
Bus	iness or Reside	nce Addres	s (Numbe	r and Street	, City, Stat	e, Zip Cod	c)							
Naп	ne of Associate	d Broker or	Dealer				<del></del>			-				
Stat	es in Which Pa	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	<u> </u>					<del></del> -		· ,
	(Check "All S	tates" or c	heck individ	tual States)	***********			····					🗖 All S	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE] [MD]	[DC] [MA]	(FL) (MI)	[GA] [MN]	(HII) (MS)	[ID] [MO]	
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
	Debt	\$	\$
	Equity	s	s
	☐ Common ☐ Preferred	<del></del>	<del></del> -
	Convertible Securities (including warrants)	<b>s</b>	s
	Partnership Interests	\$750,000,000	\$101.302.358
	Other (specify)	\$	\$
	Total	\$750,000,000	\$101,302,358
	Answer also in Appendix, Column 3, if filing under ULOE.	- 12010 V 21000	94VA13V233V
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number investors (2)	Aggregate Dollar Amount of Purchases (2)
	Accredited Investors	3	\$101,302,358
	Non-accredited Investors		<b>s</b> 0
	Total (for filings under Rule 504 only)	N/A	\$N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering		Dollar Amount
	Rule 505	Type of SecurityN/A	Sold S <u>N/A</u>
	Regulation A	N/A	\$N/A
	Rule 504	N/A	\$N/A \$N/A
	1041		3
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	<del>X</del>	\$ <u>-0-</u>
	Printing and Engraving Costs	X	\$ <u>-0-</u>
	Legal Fees	X	\$ 40,000
	Accounting Fees	X	S <u>-0-</u>
	Engineering Fees	<b>X</b>	\$ <u>-0-</u>
	Sales Commissions (specify finders' fees separately)	<b>X</b>	s <u>-o-</u>
	Other Expenses (identify) Blue Sky filing fees	X	\$ -0
	Total	X	\$ <u>40.000 (3)</u>
		<del></del>	

Open-end fund. The maximum aggregate offering price is estimated solely for the purpose of this filing.
 The amount reflected as already sold is a pre-filing estimate. The number of investors may include sales to U.S. and non-U.S. persons.

(3) Reflects an estimate of initial costs only.

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C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND US	E O	F PROCEEDS	
total expenses furnished in response to Part C - (	offering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross proceeds		\$ <u>749.960</u>	.000
the purposes shown. If the amount for any purpo	proceeds to the issuer used or proposed to be used for each of se is not known, furnish an estimate and check the box to the isted must equal the adjusted gross proceeds to the issuer set			
·			Payments to Officers, Directors, and Affiliates	Payments to Others
Salaries and fees		X	\$(4)	□ \$
Purchases of real estate			<b>\$</b>	□ \$
Purchase, rental or leasing and installation of mac	chinery and equipment		\$	□ \$
Construction or leasing of plant buildings and fac	ilities		<b>s</b>	<b></b>
Acquisition of other businesses (including the val	ue of securities involved in this offering that	_	•	
•	es of another issuer pursuant to a merger)		\$	□ \$
Repayment of indebtedness			\$	<b>-</b> \$
Working capital			\$	<b>-</b> \$
Other (specify): Portfolio Investments			\$	<b>▼ \$749,960,000</b>
Column Totals		X	\$_(4)	<b>☒</b> \$ <u>749,960,000</u>
Total Payments Listed (column totals added)			图\$ <u>749</u>	.960.000
	D. FEDERAL SIGNATURE	_		
	he undersigned duly authorized person. If this notice is filed un rities and Exchange Commission, upon written request of its sta Rule 502.			
ssuer (Print or Type)	Signature		Date	- · · · · · · · · · · · · · · · · · · ·
DEKEL PARTNERS, L.P.	$\sim \sim \sim$	<u>.</u>	March 5, 200	)9 
Name of Signer (Print or Type)	Title of Signer (Print or Type)			_
BY: DEBRA FINE	MANAGER OF FINE CAPITAL MANAGEMENT, L.L.C ISSUER	С., т	HE GENERAL PA	ARTNER OF THE

(4) The General Partner will be entitled to an annual performance allocation. The investment manager will be entitled to receive a quarterly management fee. The performance allocation and the management fee are discussed in greater detail in the Issuer's confidential offering materials.

		E. STATE SIGNATURE							
	·		Yes	No					
1.	Is any party described in 17 CFR 230.26	2 presently subject to any of the disqualification provisions of such rule?	. 📮						
	1	See Appendix, Column 5, for state response. NOT APPLICABLE							
2.	The undersigned issuer hereby undertake such times as required by state law.	es to furnish to any state administrator of any state in which this notice is filed, a notice on	Form D (17 CFR	239.500) a					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	(ULOE) of the state in which this notic these conditions have been satisfied. sissuer has read this notification and known	he issuer is familiar with the conditions that must be satisfied to be entitled to the Unifor e is filed and understands that the issuer claiming the availability of this exemption has NOT APPLICABLE  s the contents to be true and has duly caused this notice to be signed on its behalf by the un	the burden of esta	ablishing tha					
_	er (Print or Type)	Signature Date							
	KEL PARTNERS, L.P.	Signature March 5	, 2009						
Nar	ne (Print or Type)	Title (Print or Type)	<u> </u>						
Ry	: Debra Fine	MANAGER OF FRIE CARPTAL MANAGEMENT LLC THE GENERAL P	ADTRIED OF THE	e Teernen					

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX				<del></del>
1	<del>                                     </del>	2	3			4			5
	to non-a	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	\$750,000,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	F-Item 1)
<u>AL</u>							<u> </u>		
AK									Ţ <u> </u>
AZ									
AR				·					
CA									
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1		2	3	<del> </del>	<del></del>	4		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
	Intend to non-ac investors (Part B-	in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)				
State	Yes	No	\$750,000,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NH						<u> </u>			<del> </del>	
NJ					<u> </u>				<del> </del>	
NM				<del> </del>		ļ	<u> </u>		<del> </del>	
NY	-	X	See Above	2	\$5,561,056	N/A	N/A	N/A	N/A	
NC				<u> </u>			<del> </del>		<del> </del>	
ND		<u> </u>			<del> </del>		<del></del>		<del> </del>	
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OK					<del> </del>		<del> </del>		<del> </del>	
OR	- :						<del>                                     </del>	 <del> </del>	<del> </del>	
PA				<del></del>				 	<del> </del>	
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 UT				<del></del>	 !			<del></del>		
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